DMH Satisfaction Survey Results Consumer Satisfaction - 2001

Comprehensive Psychiatric Services

Community Services Family

Who Completed the Forms

One question on the survey asked who completed the family survey form.

The following table describes who completed the forms for people served by the Division of Comprehensive Psychiatric Services.

	CPRC Consumer Family Form	Child/Adolescent Family Form
Mother	94 (44.1%)	289 (69.6%)
Father	14 (6.6%)	34 (8.2%)
Guardian	22 (10.3%)	41 (9.9%)
Spouse	42 (19.7%)	-
Other	41 (19.2%)	51 (12.3%)

Sample Size

Information is based on the number of returned forms and the number of people served according to DMH billing records.

	Number Forms Sent	Number Forms Returned	Percent of Forms Sent Returned
Total Family Members	6667	676	10.1%
CPRC Adult Family Member	2697	233	8.6%
Child/Adolescent Family Member	3970	443	11.2%

Demographics of Family Member Receiving Services

Person completing form provided demographics of their family member receiving services.

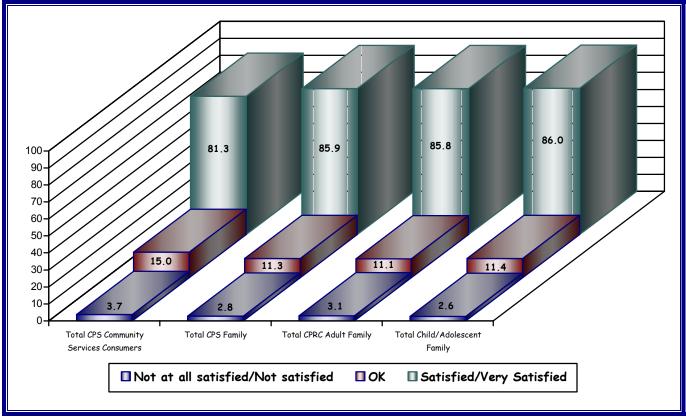
		Total CPS Consumers	Total CPS Families	CPRC Family Member	Child/Adolescent Family Member
SEX	Male	43.8%	59.1%	49.3%	64.3%
	Female	56.2%	40.9%	50.7%	35.7%
RACE	White	83.2%	85.4%	92.8%	81.5%
	Black	10.8%	8.9%	5.9%	10.5%
	Hispanic	1.0%	0.9%	0%	1.4%
	Native American	1.6%	0.6%	0.5%	0.7%
	Pacific Islander	0.1%	0%	0%	0%
	Other	3.4%	4.2%	0.9%	5.8%
MEAN AGE	0-17 18-49 50+	9.0% 65.8% 25.1%	67.7% 24.6% 7.7%	4.3% 72.1% 23.6%	98.4% 1.6% 0%

Is Your Family Member's Life Better

One question on the family member survey addressed the issue of whether or not their family member's life has improved because of the services received. The following table shows the results of this question.

Is your family member's life "better" now than before s/he began receiving services?	Yes	No	Unsure
Total CPS Family	446	21	137
	(73.8%)	(3.5%)	(22.7%)
Total Non-CPRC Adult Family	162	9	29
	(81.0%)	(4.5%)	(14.5%)
Total Child/Adolescent Family	284	12	108
	(70.3%)	(3.0%)	(26.7%)

Overall Satisfaction with Services: CPS Family



Program Satisfaction: Percent of responses to the question "How satisfied are you with the services you receive?"

Some of the key findings were:

- Statewide, 85.9% of family members of consumers served by the Division of Comprehensive Psychiatric Services (CPS), were "satisfied" or "very satisfied" with services.
- The Child/Adolescent family members rated services slightly higher than the family members of the CPRC Adult program (means of 86.0% and 85.8%, respectively).

Satisfaction with Services

How satisfied are you	Total Consumers	Total Families	CPRC Family Member	Child/ Adolescent Family Member
with the staff who serve your family member?	4.31	4.45	4.43	4.46
	(5176)	(650)	(223)	(427)
with how much your family member's staff know about how to get things done?	4.23	4.30	4.27	4.31
	(5125)	(649)	(224)	(425)
with how your family member's staff keep things	4.34	4.54	4.47	4.57
about his/her life confidential?	(5082)	(640)	(216)	(424)
that your family member's treatment plan has what he/she wants in it?	4.17	4.26	4.24	4.28
	(5063)	(633)	(221)	(412)
that your family member's treatment plan is being followed by those who assist him/her?	4.22	4.33	4.31	4.34
	(5061)	(643)	(224)	(419)
that the agency staff respect your family	4.35	4.51	4.47	4.54
member's ethnic and cultural background?	(4864)	(618)	(207)	(411)
with the services that your family member receives?	4.30	4.40	4.38	4.41
	(5107)	(647)	(225)	(422)
that services are provided for your family member in a timely manner?	4.22	4.34	4.34	4.34
	(5122)	(648)	(224)	(424)

The first number represents a mean rating.

Scale: 1=Not at all satisfied . . . 5=Very satisfied.

The number in parentheses represents the number responding to this item.

Some of the key findings were:

- Statewide, family members of consumers served by the Division of Comprehensive Psychiatric Services, reported that they were satisfied with services. All of their ratings had a mean of at least 4.00 ("satisfied").
- The families of children served by the Division of Comprehensive Psychiatric Services were more satisfied with services than their children (family mean of 4.41 and children mean of 4.13, see Section XVI Page 4).
- CPRC Family members were most satisfied with the staff's respect of ethnic and cultural backgrounds (mean 4.47) and least satisfied with the content of the treatment plan (mean of 4.24).

Satisfaction with Quality of Life

How satisfied are you	Total Consumers	Total Families	CPRC Family Member	Child/ Adolescent Family Member
with how your family member spends	3.47	3.44	3.42	3.46
his/her day?	(5098)	(570)	(226)	(344)
with where your family member lives?	3.66 (5068)	4.12 (568)	4.11 (227)	4.13 (341)
with the amount of choices your family	3.43	3.71	3.72	3.70
member has in his/her life?	(5083)	(574)	(229)	(345)
with the opportunities/chances your family	3.52	3.59	3.59	3.59
member has to make friends?	(5052)	(574)	(227)	(347)
with your family member's general health	3.69	3.98	3.87	4.05
care?	(5038)	(576)	(226)	(350)
with what your family member does during	3.53	3.37	3.39	3.36
his/her free time?	(5076)	(566)	(224)	(342)
How safe do you feel				
your family member is in his/her home?	3.97 (4890)	4.34 (583)	4.23 (216)	4.41 (367)
your family member is in his/her neighborhood?	3.80 (4824)	4.02 (579)	4.04 (217)	4.01 (362)

The first number represents a mean rating.

Scale: (how satisfied are you...): 1=Not at all satisfied . . . 5=Very satisfied.

Scale: (how safe do you feel...): 1=Not at all safe . . . 5=Very safe.

The number in parentheses represents the number responding to this item.

Some of the key findings were:

- The family member's responses to the quality of life questions indicated less satisfaction than their answers pertaining to satisfaction with services.
- Family members were most satisfied with safety in the home (mean of 4.34) and least satisfied with what their family member does during his/her free time (mean of 3.37).

Services Received

Families were asked to check the services their child or adolescent received. The following table presents these services. Approximately 44.5% of the family members received medications (dropping from 47.2% in 2000) and over one-third (38.1%) received outpatient therapy.

	Number/Percent		
Service	Receiving Services		
	5		
CSTAR	(1.1%)		
	65		
Treatment family home	(14.7%)		
	163		
Intensive targeted case management	(36.8%)		
	62		
Family First	(14.0%)		
	12		
Extended Families First	(2.7%)		
	83		
Psychiatric inpatient	(18.7%)		
D. att. att. I. J	53		
Residential placement	(12.0%)		
Dognita	29		
Respite	(6.5%)		
Crisis intervention	49		
Crisis intervention	(11.1%)		
Washanaund plan	48		
Wraparound plan	(10.8%)		
Family assistance	61		
i unity assistance	(13.8%)		
Outpatient evaluation	74		
Curputient evaluation	(16.7%)		
Outpatient therapy	169		
Ourpurient merupy	(38.1%)		
Day treatment	19		
	(4.3%)		
Medication	197		
	(44.5%)		
503 Services	2		
	(0.5%)		

CPS Family Subjective Responses

What was liked best About the Program

Families reported many benefits from the services received by their family members from Comprehensive Psychiatric Services. These responses have been summarized herein.

Case Worker:

The case workers were often praised for their assistance and support. Her case worker was very aware of my child's needs and concerns. The case workers were seen as very caring and concerned about her adjustment. One case worker was very helpful in finding two weeks respite for J.. She was understanding and caring and I have contacted her many many times. The case worker was cited as being very attentive to the needs of the client. They were seen as being always on time, helpful, delightful, good attitude, grateful, all around good person we love her.

Therapists:

The therapists were also seen as very beneficial to the family member. Very compassionate to his needs, but still firm. The therapists attended to his personal needs. They seem to know how to help E. and I am very pleased with that. The therapists were consistent, kind, caring, relaxed and non-threatening. The family members expressed their feelings about the mental health workers He likes his doctors and feels easy talking with them.

Some other statements about the therapists related to different aspects of care. One family also noted that the family member was provided with *information on resources for help with her physical and mental health*. Another noted that *the diversity of people and professionals providing my son with services*.

Protection:

Some families saw the program as protecting their family member. That she is protected from hurting herself and others. For one, it was This is a restricted, safe environment. Even though it is a protective environment, there is also privacy.

Support for the Person Served:

The family members receive support from the services they receive. That she can talk to them.

Support for the Family:

The support received is not only for the family member served, but for the family itself as a whole. The support that is there for me. I appreciate the effort and time given to my family. As another family member put it the concerns of the staff shows for both of us. Another described the connection that one provides to family members.

Concern:

The mental health professionals show concern and respect for the individuals they serve. They are concerned about my son and are helping him.

Communication:

For some families, the communication channels between the facility and the family were good, monthly updates. Another family member noted his case manager makes contact with me. His case manager is very kind to him. The work of the division has helped families he has been asking for help from everywhere for a long time. He is finally getting it. It also relieves pressure on other family members who are at the end of their rope because they have exhausted all possibilities and don't know what else to do.

Therapy:

The treatment was also cited as a benefit of the program. Consistent treatment plan reinforcement, ability of staff to keep undesirable behaviors in perspective. An elaboration of this is the structure that enforces the balance of behavior with consequences and/or privileges and further addressed through therapy which is very friendly and personal. Another noted goal specific treatment.

Outcomes:

The services have resulted in changed behavior of the family member. It has made a big difference in his attitude. Another person just remarked it has helped. For another it was how the service has helped my daughter. Another noted my son has improved tremendously in all areas that we have designated as goals of treatment.

Independence:

The individuals served were seen as having more independence because of the services of Comprehensive Psychiatric Services he has his independence to take care of himself. A similar response, it helps him keep some form of independence, knowing that some one can still help him. It relieves some of the daily stress. He gets more assistance from the supervisory positions than from the staff personnel.

Life Skills Training:

Life skills training has benefited some of the family members. The willingness of the staff to work with her and her level of understanding and assist her to learn more about life and living skills.

What Could Be Improved:

The family members made some suggestions for the improvement of the program. For some families, the services were good just as they are he's already getting the best services possible. Some families expressed their gratitude for the services received. Illustrative of their recommendations include the following:

Therapeutic Changes:

One family wanted the therapist to be more confrontive with the child's problems.

More Assistance to Families:

Some families wanted more assistance from the professionals. The less decisions she needs to make the better she can stay on top.

More Time with Therapist

There were some recommendations that the mental health professional spend more time with the family member. By more interaction between worker and child. This was echoed by others ...could do her job. She has seen my child once in three months. Another just stated psychiatrist more available.

More Funding for Programs:

The families saw a need for more funding for these programs More resources and information be available to the person providing the services. Another phrased it as I think the state should do something about the amount of facilities it has for mentally ill people. We need facilities for just the mentally ill, where it isn't almost impossible to get the person admitted.

Housing:

There were some concerns raised about the housing issue. More age appropriate housing. All other residents are considerably older.

More Activities:

Families wanted more activities for their child (and more transportation to get to those activities). I wish the facility was more open to transporting the child to needed services within a reasonable distance of the facility. Another wanted more interaction with community programs. Yet another wanted more for young adults.

Better Communication:

Families wanted better communication between the mental health facility and staff and the families I think that when an incident happened I should have been notified ASAP, not months later when the prosecutor contacted me. For another family member it was better communication between staff.

More Involvement of Families:

One family member wanted to be more involved in the treatment *I want to be a part of treatment team*, but have been told *I cannot be*. *I am my son's legal guardian*.

Better Training of Staff:

There was a cited need for better training RCFs need to be improved. Staff should be better trained. The results of lack of training can mean a lack of knowledge. Staff member appears to be unorganized and lacking in knowledge of programs and appears to be unwilling to seek assistance which causes problems for the client.

Timeliness of Services:

There were some recommendations about the timeliness of services. For one family member be more prompt in handling situations. Paper work is delayed which caused problems. Returned calls are many times delayed. Coordinating efforts between organizations to handle situations. For one family member it was move after hours counseling services.

Medications:

The families wanted assistance with medication issues assist in getting needed medications that aren't available through ... services. Medications such as blood pressure meds, etc. are a must for people who need them and all you get is the run around from clinics.

Change in Staff:

The families wanted to have a consistent staffing for their family member. By keeping my wife with the caseworker she is most comfortable with, as well as with doctor and therapist. She was left stranded twice, once at ... and with her doctor for three hours.

Transportation:

Transportation was seen as inconsistent. The only problems we have are with Call-a-Ride. His overhead is more than his income. But that's not your problem.

More Staff:

One family wanted more male staff provide more male staff.